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VOL. IV. OCTOBER, 1914. NO. 10.

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EXAMINATIONS ON OPHTHALMOLOGY.

At the recent meeting of the American Academy of Ophthalmology and Oto-Laryngology at Boston, as at the meeting of the Section on Ophthalmology of the American Medical Association at Atlantic City, the report recommending the formation of a conjoint board to arrange and supervise examinations as to proper preparation for the practice of ophthalmology, was unanimously endorsed, and the Committee of the Academy was continued, to work with the Committee of the Section and that of the American Ophthalmological Society, for the formation and organization of such of Board.

The reasons for the unanimity and enthusiasm displayed for this proposition are not hard to find. There is not one member of our profession who has done his best to fit himself for ophthalmic practice, who has not keenly felt the injustice and ignominy of being ranked with the six-weeks specialist, or the man who thinks he has mastered the science by reading one book and the papers on eye disease that appear in his general medical journal. However judiciously guarded and concealed, this has been a sore point with the mass of American ophthalmologists.

Only the man who was given a status by his professorship, or his hospital appointment, or his elevation to official position in an ophthalmological society, could afford to regard with indifference this lack of discrimination on the part of the profession and the public, between the trained and the untrained workers in this field. Even those who feel the defects in their own ophthalmic training necessarily arising from the absence of systematic courses in ophthalmology, will welcome a definite schedule of reasonable requirements for preparation for special practice, and will embrace the opportunity to remedy all deficiencies and demonstrate the fitness they have always aimed at, but which the profession and public had no means of recognizing.

Of course, there are the untrained, self-styled specialists who will not consent to have any real test of professional competence applied to themselves, and will be loath to see it applied to their professional rivals who can successfully meet it. Then there are those of a certain cast of mind, the real stand-patters, who have no sympathy with any change whatever, find every existing abuse reasonable, every projected advance visionary. But only by rare accident do the names of such men get on the rolls of progressive medical societies and they are rarely to be found in attendance at society meetings. Hence the articulate voice of the profession seems wholly united for the establishment of a tribunal representing the best intelligence of the profession to pass on the qualifications of those who propose to offer

their services to the community as specially qualified to practice ophthalmology.

The certificate of such a Board will not have behind it the police power of the state. But such support will not be needed to make it effective. One hundred years ago a large proportion of practitioners of medicine had never attended a medical college; and of those who had done so, many never completed the course, nor attempted to take a medical degree. But professional and public opinion decided that a man could not be adequately trained in medicine without taking a college course. And without any legal requirement whatever to do so, fifty years later when medical licensing laws began to be proposed, it was found that practically none were entering upon the regular practice of medicine without the college degree. Medical practice laws were enacted to make the colleges do better work, rather than to compel medical students to go to colleges.

Even with the best medical practice acts having behind them the whole power of the state irregular practice has never been wholly eliminated. Such a Board as has been proposed can do nearly all the good of a state board without involving the element of political place-seeking, or interference with the full and direct control of the profession over the training of those who seek recognition as specialists.

The influence of such a Board would be felt in giving support and recognition to institutions giving good courses of graduate teaching in ophthalmology, whether these lead to a special degree or are given by schools that do not confer degrees, or by hospitals. It might even be proper to recognize individual teachers, as the "privat docent" is recognized in various countries of Europe. Some of the best teaching of ophthalmology in America has been done in private offices. Thus Bull, Loring and Webster worked in the office of C. R. Agnew; J. L. Thompson with E. Williams of Cincinnati; and John Green of St. Louis taught Coggin, Post and many others. The recognition of good educational work done anywhere may be secured through such a Board; and through it the profession can exert a powerful influence to promote good, healthy professional life.

TEACHING OF OPHTHALMOLOGY.

The Graduate School of Medicine for the Harvard Medical School announces twenty-three different courses in Ophthalmology to be given by its fourteen instructors, lecturers and assistants. These courses will extend from October to May, inclusive. They are divided into elementary and advanced Ophthalmology, introductory clinical and advanced courses in Refraction; elementary and advanced Physiological Optics, with special courses on numerous topics. For the month of May various courses are combined into an "All-Day" special course for those who have had some experience in Ophthalmology.

While no announcement is made of a degree in ophthalmology, or of the complete schedule of work to be required for a degree, these courses have evidently been arranged with something of the kind in

view. We learn from the official publication, "The formal announcement of such a complete course will probably wait until there is more definite agreement as to what it should include. Perhaps, also, the announcement will be deferred until the policy of Harvard University as to higher degrees in Medicine is settled."

EFFECTS OF THE WAR.

In September numbers of but two ophthalmic journals reached us from Continental Europe. October shows some improvement, four being represented. The English journals have come quite regularly. It is a relief to turn from the news of war and the partisan appeals for a favorable judgment to these scientific publications that make no mention of a war or partisanship. To find the bibliographies in Graefe's Archiv crediting the workers of France and England with their contributions, or to read in the English transactions the Bowman Lecture by Uhthoff, is much more like Christian civilization in the twentieth century than what is transpiring between hostile armies, or is given to the press by their respective backers.

BOOK NOTICES.

Transactions of the Ophthalmological Society of the United Kingdom, Volume 34, session of 1914. 8vo. 465 pages, 19 plates, 32 illustrations in the text. London: J. and A. Churchill.

When the Section on Ophthalmology of the Royal Society of Medicine was formed, the Ophthalmological Society of the United Kingdom gave up its frequent meetings and now holds an annual meeting lasting two or three days. This volume is, therefore, fairly comparable with the two works noticed last month. In the matter of book-making it is distinctly superior to either of its American rivals.

The Bowman Lecture by Professor Uhthoff occupies 76 pages, the formal address by the President, F. Richardson Cross, 17 pages. But aside from these the communications are generally more brief (less than 7 pages each on the average) than those found in the American transactions, and we have a strong impression that the reader gains by the brevity. The grouping of related papers under appropriate headings, as "Disease of the Cornea," "Diseases of the Lens," etc., facilitates the search for matter relating to a particular subject.

The volume contains more than a collection of scientific papers. The additional data give the interested reader a very good impression of the organic life of the society. The list of members includes, besides their addresses, the year in which each became a member and the offices he has held in the Society. The report of the Council, besides noting important changes and events, gives a financial statement. Lists of officers and the rules governing the Society are also included in the volume.

Todd, J. C., Boulder, Colo. Clinical Diagnosis, A Manual of Laboratory Methods. Third edition, revised and enlarged; 12mo., 585 pages, 13 plates, 175 illustrations in the text. Philadelphia and London: W. B. Saunders Co.

All medical knowledge has some interest for the ophthalmologist, but we can notice here only such works as will be of special value to him. Success in any specialty of medicine demands a broad outlook as a diagnostician. Over and over again the ocular lesion will remain an unsolved riddle, if the general pathologic condition underlying it

be overlooked. One who never attempts to apply them must still be quite familiar with the tuberculin reaction and the Wassermann test.

The busy ophthalmologist will inevitably tend to become narrow if he does not keep somewhat in touch with the improvements and extensions of diagnostic methods outside of ophthalmology. This he can best do by reading in a manual like this, which is fully up-to-date, covers its subject well, happily combines clearness and brevity in its statements, and supplements the text with abundant and well-chosen illustrations. While not overburdened with detail, this book fully covers the present field of exact diagnostic methods.

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Abstracts From Foreign Journals

Addario La Ferla, G. Subconjunctival Rupture of Sclera Simulating Subconjunctival Luxation of Lens. (Annali di Ottalmologia, 43rd year, page 191.)

A woman of 51 years struck her right eye on a key which was in the lock of a trunk, but did not visit the oculist until a month later. There was a large crescentic protrusion situated a little in advance of the insertions of the superior and internal recti muscles, and measuring 12 mm. long by 5 high. The pupil was widely dilated and presented a large coloboma upward and inward. The media were fairly clear. It was impossible to demonstrate any reflex from the lens capsule. A diagnosis of subconjunctival luxation of the lens through a scleral rupture was made. But on opening the crescentic protrusion with a Graefe knife, in order to extract the lens, this proved to be absent, and the wall of the swelling, which contained aqueous humor, was found to consist of conjunctiva and of shreds of ciliary body and iris. There had been no rupture of the conjunctiva, so that it became necessary to conclude that the lens was luxated into the vitrous. The protruding tissue was repeatedly cauterized with the thermocautery, pilocarpin regularly instilled, and the eye kept under a pressure bandage. The staphyloma became flat after twenty days, and the condition of the eye was unaltered five months later.

Betti, L. Gram-negative Sarcinae of the Conjunctiva. (Annali di Ottalmolgia, 43rd year, page 3.)

Betti has been able to isolate eleven varieties of Gram-negative sarcinae from the conjunctival secretions. The organisms were obtained from fifteen patients, one of whom furnished two distinct Gram-negative species. The organisms studied are classified in two main groups, members of the first of which do not form pigment in artificial culture media, while those of the second group produce a yellow pigment in nutritive media. Other distinguishing characteristics of the different organisms are described. None of them, with the exception of one already described by Nagano, posses any considerable pathologic value for man or for the animals commonly used for experimentation. The presence of Gram-negative sarcinae in the conjunctival sac is not however always entirely innocuous, but may at times provoke irritative phenomena moderate in degree but fairly obstinate.

Cecchetto, E. Atoxic Antigonococcic Vaccine of Nicolle and Blaizot in Treatment of Gonorrheal Conjunctivitis. (Annali di Ottalmologia, 43rd year, page 202.)

The atoxic vaccine used in the author's four cases was obtained privately from Nicolle (of the Pasteur Institute of Tunis), who with Blaizot first announced the discovery of the vaccine before the Urologic Association of Paris in October, 1913. Three of the cases described were in infants. In a child of three days, gonorrheal ophthalmia was treated for five or six days without success, and corneal ulcer developed in one eye. The day after the first subcutaneous injection of vaccine there was marked improvement, and complete recovery followed a second injection, the corneal ulcer healing in about a week. Similarly rapid recovery followed the use of the vaccine in the other two infantile cases. In the adult case, with enormous palpebral edema and beginning corneal ulcer, three injections on successive days were required before marked improvement occurred. After a fourth injection the ulcer began to show vascularity.

Gallenga, C. Use of Artificial Oxydases in Treatment of Infective Ocular Processes. (Annali di Ottalmologia, 43rd year, page 240.)

The oxydases are oxidising ferments which favor the transfer of oxygen to oxidisable bodies. They are found in all organisms, and are necessary to the maintenance of life, because they activate the atmospheric oxygen and render it capable of use in the biochemic mechanism. The chemist Coronedi has succeeded in producing a compound of manganese with nucleinic substances, which he calls "oxydasolo," and which according to his experiments possesses qualities resembling those of natural oxydases. It contains six per cent. of manganese and six and a half per cent. of phosphorus.

The principal changes produced by its introduction into animals or man are a slight rise of temperature and a hyperleucocytosis. The hyperthermia does not appear after the second or subsequent doses, but the hyperleucocytosis is repeatedly produced. Gallenga has tested the effects of this preparation on infected corneal wounds in boys, injecting the drug hypodermically into the abdominal wall; in various cases of serpent corneal ulcer from the pneumococcus; and in two cases of keratohypopion in young babies, secondary to eczematous keratitis. There was a prompt amelioration of the ocular conditions, with rapid absorption of the hypopion, dilatation of the pupil, arrest of the ulcerative process, and relief from pain.

Perrod, G. Scleral Cysts. (Annali di Ottalmologia, 43rd year, page 111.)

A girl of twelve years had lost the sight of the right eye four years previously from a penetrating injury. On account of pain in this eye, which was phthisic, and of slight disturbance of the sound eye, the blind eye was enucleated. Upward and outward from the limbus of this eye was a violaceous patch. Microscopic section showed in the region corresponding to the scleral patch a cyst larger than the anterior chamber, and situated entirely in scleral tissue. The anterior wall of the cyst was formed entirely of scleral tissue, the posterion of cicatricial tissue secondary to the perforating wound. The large cyst was divided into two parts by fibrous tissue, and there was another smaller cyst also in the sclera. All the cavities were lined throughout by epithelium in several layers; the deeper layers formed of cuboidal cells, and the more superficial (those next to the fluid content of the cyst) being flattened. Some of the sections clearly showed the origin of this epithelium to be from the conjunctival epithelium next to the limbus.

Piccillo, L. Treatment of Gumma of Iris and of Ciliary Body With "606." (Annali di Ottalmologia, 43rd year, page 246.)

In both cases energetic iodid and mercury treatment had been used without benefit. The gumma of the ciliary body involved the iris, and had produced a large hypopion. In each case improvement was rapid after intramuscular injection of salvarsan.

Piccillo, L. Treatment of Trachoma and of Corneal Pannus With Partial Tarso-conjunctival Excision. (Annali di Ottalmologia, 43rd year, page 254.)

In several hundred cases the author has used a modification of the original method of Heisrath and Kuhnt, including in the excision of a piece of the trachomatous cul-de-sac. In order to obtain rapid cure of corneal pannus, the operation was often extended to embrace pericausis or peridectomy, and at times canthoplasty. Clearing of pannous ulcers occurred in three or four days, of the pannus itself in fifteen to twenty days, and of tarsal trachoma in from fifty days to a maximum of two to three months. During this period the tarsal conjunctiva was treated with mild caustics (sulphate of zinc, nitrate of silver, etc.) When the patient was dismissed, he was given either a pomade of copper and silver, or a three to four per cent. solution of tannin. Lagophthalmus and symblepharon were never seen as postoperative complications. To avoid the risk of them the operation of excision was never done on eyes whose superior transitional fold was atrophic.

Verderame, F. Tuberculosis of Bulbar Conjunctiva Under the Clinical Aspect of "Fugacious Phlyctenular Conjunctivitis." (Annali di Ottalmologia, 43rd year, page 289.)

On the bulbar conjunctiva of both eyes of a girl of fourteen years appeared a number of nodular formations, closely resembling conjunctival phlyctens, but at no time showing any sign of suppuration or ulceration. Those nodules disappeared after a few days or in some instances after one or two weeks, without leaving any trace of their existence. As some of the nodules disappeared others developed in different parts of the bulbar conjunctiva. An intradermic tuberculin test gave a positive reaction, the photophobia and lacrimation becoming at the same time more pronounced. Cultural and histologic study of two excised nodules was negative as regards tuberculosis. Nevertheless, Verderame regards the case as a manifestation of tuberculotoxic character, that is as a so-called tuberculide of the bulbar conjunctiva.

A bibliography of seventy-one references accompanies the article.

Addario La Ferla, G. Method of Operating for Cataract in Dogs. (Annali di Ottalmologia, 42nd year, p. 827.)

The technic used in operation for bilateral cataract in a dog of 8 years is described. The methods ordinarily employed include extraction with a large corneal flap, which is usually followed by iris prolapse, loss of vitreous and other complications; or reclination, which exposes to the risk of retinal detachment and iridocyclitis, and discission. In the writer's canine case, under ether, after morphin injection and atropin instillation, the first eye was operated upon through an incision made with a curved lance keratome half way between the periphery and center of the cornea. The lens capsule was incised freely at the same time with the point of the lance. The lens was soft. The iris had prolapsed at the end of the first twenty-four hours, and the hernia was cut off. In the second eye iridectomy was done at the time of extraction. The results were both good.

Betti, L. Variety of Proteus of Severe Pathogenic Action, Isolated From an Atypical Panophthalmitis. (Annali di Ottalmologia, 42nd year, p. 831.)

The organism in question was apparently responsible for rapid sloughing of the cornea, with expulsion of the lens, in a woman of 72 years. The vitreous appeared to be transformed into a yellowish mass of necrotic material. The eye became phthisic without any marked symptoms pointing to involvement of the orbital cellular tissue or of the capsule of Tenon, and with rather slight disturbance of the palpebral conjunctiva. The morphologic characteristics of the organism isolated are described in considerable detail. The chief points which distinguished it from the variety of Proteus described by Hanke and Tertsch were: its polymorphism was more accentuated in young cultures; it did not form a pellicle on broth; the color of a broth culture of the germ did not change with time, and inoculation into the rabbit's peritoneum was followed in a few hours by death from septicemia. The writer regards the organism as a hitherto undescribed variety of Proteus vulgaris Hauser.

Cavara, V. Rare Ocular Localisations of Bacterium coli. (Annali di Ottalmologia, 42nd year, p. 866.)

The first case described was one of corneal ulcer in a man of 63 years. The eye had been hit with a splinter of stone a few days earlier. The ulcer was rounded, not very deep, about 4 mm. in diameter, with margins not greatly infiltrated, and a greyish-yellow floor. The anterior chamber was almost half filled with a hypopion. There was no dacryocystitis. After electro-cauterisation, combined with the usual line of treatment, the lesion showed no tendency to progress. In two weeks the hypopion had entirely disappeared. Bacteriologic study showed the offending organism to belong to the bacterium coli group. It proved to have a marked pathogenic action on the animal cornea.

In the second case a man of 30 years, who five or six weeks earlier had been struck in the region of the left eye with a piece of furze bush, came to the clinic with an abscess at the middle of the lower lid. The abscess had already ruptured, giving vent to thick, yellowish, creamy pus, with a good deal of grumous material. The preauricular and submaxillary glands were swollen and tender. Healing was slow, and left a large scar. Here again the offending organism proved to be the coli communis, with the faculty of producing in animals the suppurative process observed in the human patient.

The number of cases previously reported in which corneal ulcer was due to the colon bacillus is very small, and the present case is the first one reported in which this organism produced a palpebral abscess.

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